PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY			
FOR			NUMBER FILED		NUMBER EXTRA		Г	RATE	FEE	1 I	RATE	FEE	
BASIC FEE							1.5 2.5 3.5		345.00	OR		690.00	
TOTAL CLAIMS				minus	20=	• 57			X\$ 9=		OR	X\$18=	918
INDEPENDENT CLAIMS Tminus 3 = 1 2						X39=		OR	X78=	436			
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	ASUU	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	FNTITY	OR	OTHER SMALL I			
_		CL	AIMS			olumn 2) HIGHEST	(Column 3)		JWALL	ADDI-	on I İ	SWALL	
AMENDMENT A	2804	AF	AINING TER DMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• ')	 	Minus	**	7/_	=		X\$.9=		OR	X\$18=	
AME	Independent FIRST PRESE	NTATIO	DN OF MI	Minus	PENE	10]=/		X39=		OR	X78=	
			11 01 1110			LIVI OLANI			+130=		OR	+260=	
	•							Δſ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
			ımn 1)		(C	Column 2)	(Column 3)		, , , , , , , , , , , , , , , , , , ,				
AMENDMENT B		REM. AF	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NO	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	*	N OF MI	Minus	***	<u> </u>	=		X39=		OR	X78 <u>=</u>	
	THOTTRESE	MANC	AV OI WIO	LIII CL DL	FLINE	CIVI CLAIIVI			+130=		OR	+260=	
								AC	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
			ımn 1)		(C	Column 2)	(Column 3)						
IENT C		REM/ AF	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	;	RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18≃	
	Independent	*		Minus	***		= .		X39=			X78=	
_	FIRST PRESE	NTATIO	N OF MU	LTIPLE DE	PENE	ENT CLAIM	,	-			OR	V10=	
•	If the entry in colur	nn 1 is le	ess than th	e entry in col	umn 2	write "0" in co	lumn 3.	Ŀ	+130=		OR	+260=	
***	If the "Highest Nur If the "Highest Nur The "Highest Num	nber Pre mber Pre	viously Pa viously Pa	id For" IN TH id For" IN TH	IS SPA	ACE is less tha ACE is less tha	ın 20, enter "20.' an 3, enter "3."	Λυ	TOTAL DIT. FEE			TOTAL ADDIT. FEE	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	09588619	
	•	

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra X	Fee	Fee = Total
	Sm./Lg.			Sm. Entity	Lg. Entity
Basic Filing Fee	201/101		\bigcap	345	690 - 490
Total Claims >20	203/103	-20 =	3 (x	9	18 - 918
Independent Claims >3	202/102	15 -3=	12 x	39	<u> 18 - 936</u>
Mult. Dep Claim Present	204/104			130	260 -
Surcharge	205/105			65	<u> 130 - 130</u>
English Translation	139				
TOTAL FEE CALCULA	ATION				2614

Fees due upon filing the application:	
	Im a c

Total Filing Fees Due =

Less Filing Fees Submitted

BALANCE DUE

nitial Patent Examination